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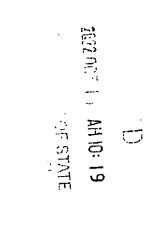
A. RIVERS

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COVER LETTER

TO:

Registration Section

Division of Corporations							
CUBICT.	Marin Electr	ical Solutions, L	.C				
SUBJECT:			Name of Limi	ted Liability Company	-		
The enclosed	d Articles of A	mendment and f	e(s) are subr	nitted for filing.			
Please return	all correspon	dence concerning	this matter t	to the following:			
		Lemay Marin					
				Name of Person			
		Marin Electric	ll Solutions,	LLC			
				Firm/Company	·		
		13460 NW 107	Ave #1				
		· · · · · · · · · · · · · · · · · · ·		Address			
		Hialeah Garde	ns, FL 33018	3			
				City/State and Zip Code	:		
		info@mesusa.b	1	o be used for future annua	l report notifi	cation)	
For further i	nformation co	ncerning this mat	er, please ca	11:			
Lemay Mar	in			305 99	92-5457		
Name of Person			Area Code	Daytime	Telephone Number	_	
Enclosed is	a check for the	following amour	1¢				
■ \$25.00	Filing Fee	□ \$30.00 Filing Certificate		S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Certificate o Certified Copy (additional copy	f Status & py
Re Di P.0	gistration Sovision of Co D. Box 6327 Hahassee, F	ection orporations		Regist Division The Co 2415 N	Address: ration Section of Corpentre of Ta N. Monroe assee, FL	oorations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marin Electrical Solutions. LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our record ability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company vi	were filed on 01/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		. 6.3
(Mailing address MAY BE A POST OF FICE BOX)	····	<u> </u>
		<u> </u>
D. IS. 11 Alexandre Management of State	ddwae on our records enter	the name of the new registeres
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uuress on our records, <u>enter</u>	•
		98 ST 15
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addres	S.S
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	•
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is at the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jorge Marin	800 Catfish Creek Rd	□Add
		Lake Placid, FL 33852	□Remove
			≡ Change
AMBR	Lemay Marin	1250 Wren Ave	
		Miami Springs, FL 33166	□Remove
		 -	■ Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
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			□Add
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lf ame	nding any other information	o, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the da	te of filing: (optional)
Note:	ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as rtment of State's records.
e recor rd is fil		but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/10	2022
	Sig	nature of a member or authorized representative of a member
	- //	
	Lemay Marin	

Filing Fee: \$25.00